Features of abnormality:

(Four D's)

- **Dysfunction**
- **Danger**
- **Distress**
- **Deviance**

If there are 4D's present we consider that person to have abnormality.

People having traces of abnormality are not able to follow up normal daily functions. Behaviour that are different from those norms set by the society is Abnormal.

Abnormal means 'Away from Normal', also known as Psychopathology. Just like how a body can suffer from any kind of diseases, similarly when there is a disturbance in brain it's called as Mental illness or Disorder of Brain.

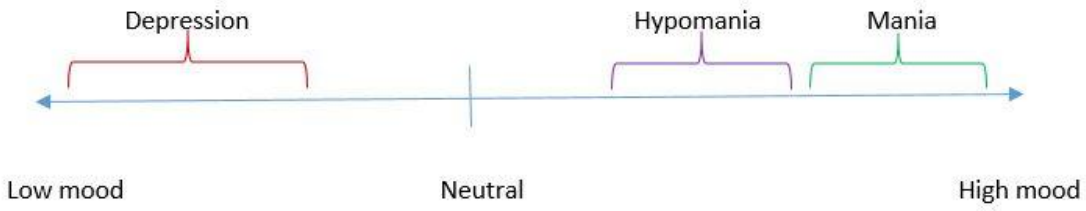
Classification of Psychological disorders:

DSM-V: Diagnostic and statistical Manual-5

ICD 10: International Classification of Disorder-10

Both of them are **Standard Manuals** given by respective Psychological associations conforming to all the disorders and their symptoms.

Axis of Mood disorders:



Mood Disorders/Depressive disorders

1. Major depressive disorder — Low Mood

MDD is an organic brain disorder

5 or more of the following symptoms, **must have Depressed mood or Anhedonia**
S – Sleep changes
I – Interest loss (anhedonia)

SHOUT
SHARE
IT

G – Guilty (worthlessness)
E - Energy lack
C – Concentration reduced
A – Appetite changes
P – Psychomotor change
S – Suicide ideation or thoughts
These symptoms must at least last for 2 weeks
Should not be attributed to any drug substance or medical conditions
Drugs: Alcoholism, opioid abuse

Medical conditions: copper overload, hypothyroidism, Wilson's disease

1. **<u>Mania</u>:** **HIGH MOOD**

3 or more of the following symptoms
D- Distractible
I – Irritability/ Irritable/Impulsive
G- Grandiose
F- Flight of ideas
A- Activity increase
S- Sleep decrease
T- Talkative
For at least 1 week
Causes significant impairment, distracting, from school/ work
Should not be attributed to any drug substance or medical conditions

3. **<u>Hypomania:</u>**

- Little less high than Mania
- 3 or more of DIGFAST
- For at least 4 days
- No significant impairment (leads normal life, talks a lot, works, sleep a lot loss, but functions normally

4. **<u>Bipolar diseases:</u>**

Mania **Hypomania**

1. Bipolar I: Requires only 1 episode of Mania, although often includes Hypomania & major depression

2. Bipolar II: Requires at least 1 episode of hypomania and 1 episode of major depression

5. Cyclothymia: (only for reference)

- Alternating periods of hypomanic symptoms and depressive symptoms without actually meeting criteria for hypomania and depression
- Persisting with 2+ years

Anxiety Disorders

1. Generalized anxiety Disorder:

Overview/Introduction:

Anxiety is defined as diffuse, vague, very unpleasant feeling of fear and apprehension.

When anxiety becomes extreme and develops into a debilitating problem that can hamper daily functioning, it can lead to Generalized Anxiety Disorder.

- Any prolonged, vague, unexplained but intense fears that do not seem to be attached to any particular object.
- No actual danger present.
- For 6 months or more
- 4 or more symptoms:
  - ✓ Motor tension
  - ✓ Hyper vigilance
  - ✓ Automatic reactivity
  - ✓ Apprehensive feelings about future

Symptoms:

1. Excessive anxiety/ worry occurring for at least 6 months
2. Person finds it difficult to control worry.
3. 3 or more of following symptoms:
   - ✓ Irritability
   - ✓ Restlessness
   - ✓ Fatigue
   - ✓ Muscle tension
   - ✓ Sleep disturbance
4. Symptoms cause clinically significant distress or impairment in functioning.

   Example: A homemaker working the whole day sending off her husband to work and children to school, supposedly in evening the husband gets late or children gets late to home, a lot of restlessness, fear, hyper vigilance she starts to experience and a lot of motor tension, worry, and anxiety occurs.

2. Obsessive compulsive disorder:

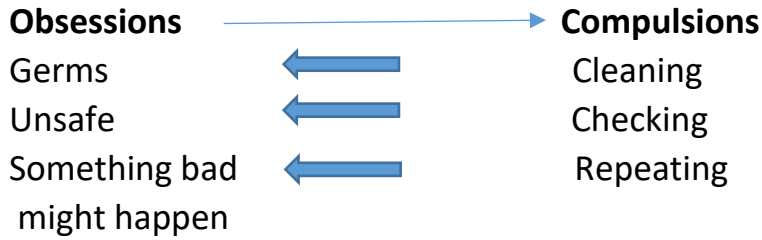
1. Obsessions:

- Recurrent, Intrusive thoughts causing anxiety

2. Compulsions:

- Actions to reduce anxiety from obsessions
- Impact daily life

Obsessions + Compulsions



Symptoms:

1. Obsessions, compulsions, or both
2. Time consuming (produces distress to daily life functioning)
3. Not physiological effects of substance or medical condition
4. Not better explained by other diseases

SCHIZOPHRENIA

FRAGMENTED PATTERN OF THINKING

- Swiss psychologist **Bleuler,** introduced the term 'schizophrenia'
- Schizophrenia may mean "splitting of mind" or "fragmented pattern of thinking" **but NOT 'Split personality'**
- Schizophrenia is a syndrome,
  - ✓ Lots of symptoms
  - ✓ Different patients experience different symptoms

Features of schizophrenia:

- Group of psychotic disorders (Not in touch with reality)
- Gross distortion of reality
- Withdrawal from social interaction
- Disorganization of perception, thoughts, emotion

3 Phases of schizophrenia:

Prodromal → **Active** → **Residual**

Prodormal:

- withdrawn seems similar to other mental disorders like depression

Active:

- Severe stress symptoms:
    1. Delusions
    2. Hallucinations
    3. Disorganized speech
    4. Disorganized Behaviour
    5. Catatonic Behaviour

Residual:

- Cognitive symptoms
  (Not being able to concentrate or become withdrawn)

Symptoms:

- **Delusions:**
  False beliefs that cannot be wronged with evidence too
    - ✓ Persecutory: An idea that one is subjected to ill treatment or can be persecuted
    - ✓ Somatic type: Unshakable belief of having physical illness, disorder, abnormality of a bizzare nature
    - ✓ Grandiose type: Think of oneself as some high personality/ incarnation of God/ person of 'high stature'
- **Hallucinations:**
  Perceptions/ sensations that has no external stimuli
    - ✓ Auditory: May hear voices/ commands that compel them to do something
    - ✓ Visual: may see poorly formed, indistinct figures
    - ✓ Smell/taste: Gustatory/olfactory: may smell poisonous gas leaking or find someone to compel them to eat foul/ bitter tasting food
- **Disorganized speech:**
  Saying random words lack of words

- **Disorganized Behaviour:**
  Bizzare, silly, purposeless behaviour
- **Catatonic Behaviour:**
  Unrestricted movement or unresponsiveness to anything